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ABSTRACT

A review of literature on sex education in the schools traces the changing opinions and attitudes on the subject over the past century. Early sex education efforts (1880s to 1920s) in the schools focused upon the repression of sexual activity, the prevention of immorality, hygiene, and prevention of venereal diseases. A gradual movement (1940s to 1950s) away from heavy emphasis on morality brought new insights into the value of using sex education to contribute to the long term sexual adjustment of individuals and a positive, rather than negative, approach toward attitudes about sex. While the purely biological approach toward sex education remained during the 1960s and 1970s, opinions evolved on the role of the school in helping students to make sound and responsible judgments, to deal with sexual issues objectively, and to guide students in matters of sexual morality as an integral dimension of their character development. Present approaches to sex education indicate that it is still in a period of growth and change. While opposition remains to sex education in the schools, the opposition, for the most part, represents a minority view. Sex education programs need to continue to attempt to meet the needs of society. (JD)

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SEX EDUCATION: A HISTORICAL PERSPECTIVE

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SEX EDUCATION: A HISTORICAL PERSPECTIVE

This paper will present a historical overview of sex education in America. Program growth and development from the 1880s to 1980s will be traced. Opposition to programs along with the current status of sex education in this country will also be discussed.

- Sex education has emerged as an important aspect of the curriculum in many schools. However, to perceive sex education only as a current educational fad is to ignore its rich and surprisingly long history in this country.

Sex Education: 1880s to 1920s

Carrera (1971) reports that programs in sex education can be traced back to the late 1880s. Organizations such as the American Purity Alliance, Young Men's Christian Association, Young Women's Christian Association, and the Child Study Association often sponsored lectures dealing with sex related topics. In 1892 the National Education Association discussed sex education and its place in the school curriculum at its annual meeting, and in 1898 the National Parent-Teachers Association advocated sex education prior to puberty.

The initial impetus for sex education in this country came from medical organizations that supported sex education. Programs in the early 1900s were directed at "limiting the spread of diseases which have their origins in the social evil" (Kirkendall & Libby, 1969, p. 5).

In 1905 Morrow, a physician, formed the American Society of Sanity and Moral Prophylaxis, the purpose of which "was to organize a social defense against a class of diseases which are most injurious to the highest interests of human society" (Bigelow, 1916, p. 230). Morrow also believed that sex education should be given in the home at an early age yet felt that many parents were ill-prepared to provide this instruction. In 1914 the American Social Hygiene Association was formed when the American Society for Social and Moral Prophylaxis joined with the American Federation for Sex Hygiene. The significance of this early organization is that it tended to focus on the pathological rather than the normal aspects of sexuality (Kirkendall & Libby, 1969).

Strong (1972) reports that the primary aim of sex educators during the 19th century was not to encourage sexual adjustment but to sustain an old morality that demanded the repression of all sexual activities except for procreation. The morality of:

> repressed sexuality was believed to provide the force for creating values, chastity and sexual restraint were directly related to the middle-class constellation of values that included work, industry, good habits, piety, and noble ideals. Indeed, without sexual repression it was believed impossible for such values to exist in an ideal character. (p. 130)

The general belief was that children and adolescents had no active sexual feelings or desires but simply curiosity about the reproductive process. It was hoped that if a child were taught the biological aspects of reproduction, he would not seek to know more about sex and run the risk of learning sexual immorality from peers (Strong, 1972).

Bigelow (1916) published the first major work on sex education. He saw sex education as leading the struggle against lust in men by seeking to curb the imagination. The ultimate aim of sex education was the total abolition of sexual vice and the prevention of immorality, and the values of nobility and purity were emphasized (Strong, 1972).

The aims of sexual purity involved instruction in three major areas: morality, sex hygiene, and eugenics. Sexual morality was to instill in students the idea that sex was pure. Procreation was seen as the cornerstone of the old morality that education sought to emphasize. Ideal relationships between men and women should be modeled after the relationships one has with siblings or one's mother. In an attempt to destroy erotic attraction between the young, boys were urged to regard all girls and women as if they were their own relatives. "If such an attitude were assumed, youth would treat women politely and cease regarding them sexually, since sexual feelings would be equivalent to incestuous longings" (Strong, 1972, p. 143).

The second aim of sex education during the early 20th century was to instruct the young in principles of sex hygiene. The primary value of hygienic teachings lay in reinforcing the old morality. The danger of masturbation was also emphasized, and if a proper attitude toward masturbation was instilled in children and adolescents, then one could curtail immorality since masturbation was believed to be "predisposing to sexuality" (Strong, 1972, p. 144). Although the sex reformers continued the taboo against masturbation, they abandoned the old belief that it led to insanity or death, yet in no way would they accept masturbation as a legitimate mode of sexual expression. Bigelow (1916) expressed this vividly in his statement:

> The habit should never be described to children except as unnecessary handling of the sex organs. It is dangerous to suggest to children, as certain books do, that there is any pleasurable sensation resulting from manual manipulation of the organs. (pp. 142-143)

Another aim of sex hygiene at this time was teaching the semen theory of bodily fluids. This theory was based upon the thinking that semen is a vital fluid necessary for one's health, to be kept within the body and that the displacement of semen from one's body would result in ill health. This theory presented not only the desirability but the necessity of chastity before and continence after marriage (Strong, 1972). The theory acted against the viewpoint of sexual necessity for men. Such a view was reflected in the idea that without sexual activity one would experience weakening or atrophy of the genitals. A lack of physiological understanding was demonstrated by Kirsch (1930) who stated:

> At night, often during an impure dream, this fluid is ejected from the body. There is in this emission nothing to be alarmed about. It is perfectly natural; even the saints had to suffer it . . . try to think of something else, forget about the emission, say a Hail Mary and turn over and go to sleep. (p. 200)

Venereal disease was the third and a major component of sex hygiene instruction. The ultimate concern of the sex educators in the early 20th century was not with public health but with public morality. Fear of venereal disease infections was used to regulate sexual behavior. "Any girl who will give herself to you has probably given herself to others who have diseased her" (Strong, 1972, p. 146) was a warning often heard. What was implied is that venereal disease was likely to occur to any illicit encounter whether it be with a prostitute, mistress, girlfriend or acquaintance.

Eugenics was concerned with improving the human race through the application of genetics. Uncontrolled sexual behaviors could lead to

undesirable qualities in the generations to follow (Bigelow, 1916). Clearly this period of sex education could be characterized as being designed to develop strong moral character, to provide basic information concerning physiology, and to prevent the spread of venereal disease.

Sex Education: 1940s to 1950s

The period of the 1940s saw many changes in sex education programs. The American Association of School Administrators took a stance in favor of sex education, while the United States Public Health Service published a pamphlet, High Schools and Sex Education (Gruenberg, 1940), which strongly advocated sex education in the schools. Programs started to experience a change in scope and purpose. Sex education programs were not only seen as a way to dispense facts about the reproductive process as many young people had questions about values and other aspects of their sexuality. The repression of sexual activities and thoughts was no longer a major purpose of sex education. "Sex education was now expected to help contribute to the long-term sexual adjustment of individuals" (Penland, 1981, p. 307). Cook (1971) indicates that new objectives for sex education began to emerge. These focused on providing individuals with the ability to effectively and constructively adjust to their sexuality.

Goffin (1947) saw that if sex education was to be successful it must assume a positive rather than a negative approach. It was felt that a negative approach avoided honest answers to student inquiry. Such a response can create unwholesome attitudes and cause emotional conflicts. He also felt that sex education is the greatest challenge we face today, a challenge that if faced courageously would lead to a better adjusted society.

Hoyman (1953) examined this approach to sex education and stated:

> The general tendency was to stress ideals, innocence and moral conduct and to ignore the so-called "facts of life" . . . Many thoughtful persons now believe the sentimental myth approach to sex education has failed. They consider it an inadequate, and even harmful way to prepare boys and girls for teenage living and for modern marriage and family life. (p. 14).

Even though this approach supports sex education, specific topics were seen as being inappropriate for the curriculum. It was felt that birth control, venereal disease prophylaxis, sexual techniques, and sexual perversions should be excluded.

Hoyman (1953) wrote that birth control was illegal to teach to students in some states during this time. It was also felt that teaching about contraceptives would indirectly encourage students to have sexual intercourse. Therefore, for ethical and legal reasons, it was felt that schools should not include birth control information to teenagers as part of sex education (p. 16).

Venereal disease education was also to be excluded from the sex education curriculum (Hoyman, 1953). Reasoning was that teaching venereal disease prophylaxis would be an open suggestion that illicit sexual relations could occur and that the school would help students to avoid the possible infections that might occur. This view at that time did not negate the importance of venereal disease education in the curriculum (Sliepcevich, 1954). The study of venereal diseases was included in units on communicable disease in some schools.

It was also felt that discussions of sexual techniques would abnormally stimulate teenage curiosity. "Self-restraints, over a period of years, is difficult enough for adolescents in our culture without the

schools making the matter worse through unnecessary sexual stimulation" (Hoyman, 1953, p. 17).

In discussing normal sexual development the view was expressed that adolescents may exhibit types of sexual behavior considered undesirable by society, but in time will develop and achieve normal heterosexual relationships. Normal heterosexual development was "expressed first in appropriate boy-girl relationships and later on in marriage and family life" (Hoyman, 1953, p. 18). However, it was felt:

> That teachers also explain--without going into lurid details--that some persons do not develop in this way and are called sexual perverts or deviates. The students are further informed that some sexual deviates are of the criminal type and are exceedingly dangerous to small children, teen-agers and adults. (Hoyman, 1953, p. 18)

The role of the schools in sex education at this time was seen as not only to impart facts but also to help change behavior and guide the personal development of students. It was felt that teaching the biological facts about sex was not enough. Whitman (1948) emphasized:

> The strictly biological approach to sex education is an escape from sex education. We duck the issue when we simply hurl charts, terms and physiological data at children--and at ourselves. We avoid the difficult, soul searching process of bringing into being a philosophy of sex in relation to life, an orientation which would enable us to fit the sexuality of ourselves and others into the total mosaic of life with neither shame, misgiving, nor doubt. (p. 186)

When expanding the topic of sex beyond facts, one exposes sex education to a moral, ethical, and religious examination. A properly planned school program in sex education is concerned with both facts and with values. Success of a program will depend upon the school's concern not only with biological aspects of sexuality but also with ideals, inspirations, and conduct (Hoyman, 1953).

Sex Education: 1960s to 1981

Continued support for programs in sex education was seen during the 1960s and 1970s. The Joint Committee of the National Education Association and the American Medical Association (1969), and the 1969 resolution by the National Parent-Teacher Association offered support to sex education in public schools (Carlyon, 1981).

The Nations Schools reported a survey of public school superintendents. Not only was it indicated that secondary schools have a responsibility to teach sex education, but they should also see sex education as being a viable part of the curriculum (Sex Education Has Place in Junior, Senior High Schools, 1960).

Programs in sex education during the sixties were built upon earlier concepts. Such concepts included the provision of biological information, contained positive overtones associated with sex education, and realizations were made as to the powerful influence sexuality could have in one's life. Greater support for programs was also seen as more schools began to develop and implement sex education, often under the title, Family Life Education.

Adams and Sestak (1967) outlined several steps which would allow for a sensible approach to sex education. This approach examined the need for the program, how to inform members of the school district, how to write the program, provide inservice education and implement the program.

A key development in 1964 was the formation of the Sex Information and Education Council of the United States [SIECUS]. Fulton (1965) felt this new organization was needed to establish man's sexuality as a healthy entity, to dignify sex by openness of approach and study and

to perform scientific research designed to lead to greater understanding. SIECUS undoubtedly was the most important force for the development of comprehensive programs of sex education during the last 17 years, providing leadership in the development of guidelines for programs to communities, schools, and religious organizations interested in sex education.

Kirkendall (1965), one of the co-founders of SIECUS, authored a study guide on sex educati ncorporating the philosophy of the organization and also indicating the common weaknesses of sex education programs. Kirkendall (1965) felt that programs should cover biological, social and health aspects, personal adjustment and attitudes, and values clarification concerning one's sexuality:

> The purpose of sex education is not primarily to control and suppress sex expression, as in the past, but to indicate the immense possibilities for human fulfillment that human sexuality offers. Sex education must attempt to give the individual sufficient understanding to incorporate sex most fruitfully and most responsibly into his present and future life. (p. 15)

In 1967 the American Association of Sex Educators and Counselors was formed to meet a need of teachers and counselors for an organization devoted to the study of human sexuality. Part of the organization's function was to certify individuals who were qualified to teach sex education. The lack of qualified educators has long stood as a handicap to the profession (Carrera, 1971; Gilbert, 1979; Oberteuffer, 1970; Ryan, 1979; Schiller, 1977). Along with developing competencies and standards for sex educators, AASEC also provided teaching materials and sponsored professional conferences.

Religious support and affirmation for sex education was given by the Interfaith Commission on Marriage and Family Life, which was representative of the National Council of Churches, the Synagogue Council of

America, and the United States Catholic Conference. The Interfaith Commission released a statement that identified the role of the school in sex education in June 1968 as follows:

> They can integrate sound sexual information and attitudes with the total education which the child received in social studies, civics, literature, history, home economics and the behavioral sciences. They can reach the large numbers of young people whose families have no religious identification but who need to understand their own sexuality and their role in society. (National Council of Churches, Synagogue Council of America, United States Catholic Conference, 1968, p. 3)

Another statement which gave added support to sex education in the curriculum was issued in 1968 by the Joint Committee of the National School Boards Association and the American Association of School Administrators (1968). These organizations stated that the only effective way in which the schools can fulfill their responsibility for meeting the health needs of youth is through a comprehensive health program in grades K-12. This program would include sex and family life education with other health topics in one sound, interrelated, and sequential program.

The Joint Committee on Health Problems in Education of the National Educational Association and the American Medical Association reaffirmed its earlier stance on sound sex education by resolving that appropriate school-community advisory groups be sought so that such programs will meet the unique needs of the children in each community (Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association, 1969). The American Association for Health, Physical Education and Recreation (1969) also offered support for sex education in a special resolution recommending that a total institutional approach to human sexuality be initiated in the schools, that schools develop a sequential K-12 health education program

which includes family life and sex education and that the schools assume leadership in involving parents and other leaders in the development and interpretation of school programs in family life and sex education.

The 1960s was an unprecedented period for program development in the area of sex education. Support for programs was reflected by several studies involving school administrators and school board members (Johnson & Schutt, 1966), principals (McIntire, 1969), and parents (McIntire & Eaton, 1969). These studies stressed the need for sex education and also the readiness of the schools to assume a vital role in this process.

The Health Guidance in Sex Education Committee of the American School Health Association was formed in 1963. Their work led to the publication and development of ASHA's most popular publication, Growth Patterns and Sex Education: A Suggested Program Kingergarten Through Grade Twelve (Darden, 1968). "Sex education will (and should) be the concern of the schools from now on. The time is now! The challenge is ours!" (p. 276). The approach to sex education was through the physical, mental, emotional, social, economic, and psychological phases of human relations.

Illinois set an example by enacting legislation specifically dealing with sex education. The Sex Education Act passed in 1965 is permissive in nature although it does set forth certain requirements for school districts that choose to offer such programs. The act also established a nine-member Sex Education Advisory Board to serve in an advisory capacity to the State Board of Education and the State Superintendent of Education on policies and procedures related to the development of comprehensive programs (Office of Superintendent of Public Instruction, 1967).

In 1967 the American Association for Health, Physical Education and Recreation published Health Concepts: Guides for Health Instruction. Concepts for sex education were included within the area of family health. The School Health Education Study (1967) also acknowledged the importance of family life education as one important concept in the health education curriculum. Among the 10 concepts that represent the scope of the subject matter to be treated in health education was that, "the family serves to perpetuate man and to fulfill certain health needs" (p. 22).

New York state enacted legislation mandating the teaching of health education in schools in 1967. The curriculum was later developed around a five-strand approach with sexuality and family life education included under the strand dealing with mental health (The University of the State of New York, The State Education Department, 1970).

Many of the program objectives during the 1960s reflected the theme of sex as a part of the total personality of the individual. Calderone (1966) expressed this broad approach as a purpose of SIECUS, which was established to show "man's sexuality as a healthy entity" (p. 23). This approach, a focus on understanding and appreciation of one's sexuality, is quite different from early programs in sex education, which were characterized by avoidance, control, or suppression of sexual understanding.

During the 1960s, programs included an examination of individual values. Bracher (1967) felt that the transmission of values must have a primary place in the scheme of sex education. "The sex educator is further obliged to bring all his insight and creativity to the task of discovering ways in which values may be taught effectively" (p. 497).

Sex education was looked at in a broader perspective, the role of sexuality in human life. "The important thing in sex education is to deal with human sexuality openly and fully in a classroom climate that makes the student feel safe and free to express his feelings of wonder, pride, and concern about his sexuality" (Schiller, 1968, p. 19).

Dalis (1971) felt that the school needs to put sex education into some kind of educational perspective. This meant looking at what should make up a sex education program.

Manley (1964) wrote A Curriculum Guide In Sex Education, which was the first comprehensive attempt to offer content suggestions for a comprehensive program. The American School Health Association (1967) developed Growth Patterns and Sex Education: A Suggested Program Kingergarten Through Grade Twelve, and Schultz and Williams (1968) wrote a helpful book entitled Family Life and Sex Education: Curriculum and Instruction, which offered educators guides from which to model programs. The Education U.S.A. Special Report (1969), Sex Education, provided principles for sex education programs, outlined information components for grade levels, discussed teacher preparation, and examined current trends in sex education. The most inclusive work at this time was Kilander's (1970) Sex Education in the Schools. This text contained content material, lesson plans, and methods of evaluation for a K-12 program.

Cook (1971) reports that in the 1960s schools were developing comprehensive programs with specific sex education beginning usually in the fifth grade.

> By making sex education a natural part of the education process, educational leaders stated that sexuality could be more easily related to life as a natural part of the total personality. It was, in fact, this positive approach to sex which was most characteristic of the 1960's and which separated the sex education of this period from earlier times. (p. 244)

Programs in sex education in the 1960s and 1970s could be seen as having the following characteristics: broadness in the scope of subject matter, an increased emphasis on the appreciation of attitudes and values in sexuality as opposed to presentation of factual information alone, focus on responsible individual decisions rather than on compliance with absolute norms, and a well-planned comprehensive approach rather than a bandwagon or crisis approach.

The role of the school in providing sex education was growing during the late 1960s and early 1970s. Greater professional acceptance of this task was expressed by Weinstock (1970). He saw the schools as instrumental in formal programs yet not the sole provider of sex education. "It is expected to take initiative in helping the home, church, library, and medical profession to realize their respective roles. In turn, these agencies might then function collectively in developing sex education programs for the community" (p. 195).

Calderone (1971) saw sex education as education for the whole society. She felt that sex education is not only a field of scholarship to recognize but a trust to be recognized by the home, church, and school:

> If the secondary schools play their roles by recognizing and meeting the need, the lies about the methodology and true goals of sex education will be put to rest. As knowledge increases, fear decreases. In the end, not only young people but all of us will benefit by better understanding of ourselves and others as the sexual human beings we were created to be. (p. 348)

Collins (1971) called for sound sex education programs in schools, realizing that the dissemination of sex information was often superficial

and a sound approach was one in which matters of human sexuality were taught in an already existing course in the curriculum.

Woody(1973) felt that school health personnel need to be in the forefront of this educational process. The important role parents can play in the sex education of their children and the manner in which school health personnel can assist parents in this task were also realized by Woody.

> In the area of sex education, parents can draw from the facts of human sexuality, the facts of child development and the facts of human interaction to help children to understand and accept themselves and others as sexual beings. (p. 246).

Flatter and Pietroffesa (1972) "felt that educators were not only involved with youths' sexuality but should involve themselves in a more direct role in helping young people better understand what it means to be male or female" (p. 74). With respect to values and attitudes of students, "the school has both an obligation and an opportunity to provide students with the types of experiences that will better help them develop suitable lifestyles but are based upon rational attitudes and values" (p. 74).

When examining the role of the school in sex education, often the idea of teaching about values is expressed and challenged. Hoyman (1974) sees this as a dilemma as educators develop programs that try to take into account consideration of values and morality. This combined approach of facts and values in teaching is a viable approach to sex education and an approach that has been given support by others in the field of sex education.

Programs need to deal with sexual values and morality. The focus should be on education not indoctrination so that we can assist students as they answer, "What kind of a person do I want to become? What kind of a life do I want to lead? How and why?" (p. 65).

Specific aspects of the schools' role include: to develop communication and dialogue when dealing with sexual problems, to impart facts and our insights about human sexuality and behavior, to help students make sound and responsible judgments, to deal with sexual issues on an objective basis, to guide students in matters of sexual morality as an integral dimension of their character development and to link human sexuality with the ultimate human goals of survival, fulfillment, and significant meaning. This would lead to the aim of sex education as helping young people to live better, more enjoyable and fruitful lives (Hoyman, 1974).

The teaching of morals and values as an aspect of sex education should be shared by students and parents (Conley & Haff, 1974). This is one of the key conclusions they expressed when examining attitudes and opinions of parents and students about various aspects of sex education. Other significant conclusions were that parents were most favorable to family life education at all levels and that the school, home, and church should be actively involved.

This shared responsibility for sex education is also emphasized by Gordon (1974). The school not only has tremendous potential in this area, but it also has limitations.

> The schools cannot handle the job of sex education without help from parents and community services. However, with a realistic assessment of what they can do, the schools can make a real and immediate contribution to educating adolescents for responsible sexual behavior. (p. 188)

Clearly the mere dissemination of facts alone would be insufficient. "The area of sex education that is most needed . . . and will be the most effective in curbing irresponsible sex, disease and pregnancy deals with the basic attitudes and orientations to all human relationships" (p. 186).

The Sex Education Committee of the New York State Coalition for Family Planning (1975) saw the concept of sexuality as a function of the total personality, "to be an understood, integrated and happy part of each individual's life whatever his or her values and attitudes might be" (p. 15). Effective sex education needs to concern itself with the biological, sociological, and psychological aspects of one's personality and interpersonal relations.

The cognitive aspect is concerned with factual information that will provide a sound and comprehensive information base about sexuality. The affective component is concerned with the development of insight and understanding of one's own sexuality and the implications of this knowledge for personal relationships. The skills component deals with decision making, values determination, and behaviors related to issues of sexuality (New York State Coalition for Family Planning, 1975).

The committee also considered program development. If effective programs in sex education are to be developed, the process must be based on assessing the needs of the target population, determining how to respond to those needs, and evaluating how the needs were met.

Present Approaches to Sex Education

Sex education is still in a period of growth and change. It has been estimated that only 10 percent of today's youth are receiving any comprehensive sex education in the schools (Kirby, Alter & Scales, 1979).

Confusion often exists as to how many states mandate the teaching of sex education. In a study for the American School Health Association, Castile and Jerrick (1976) reported that six states and the District of Columbia require such instruction. Kirby et al. (1979), after contacting

the education departments in each state, found that only Maryland and Kentucky require sex education. In most recent examinations of state guidelines, Kirby and Scales (1981) supported their original finding and added the District of Columbia to its list. In 1983 New Jersey will join this group (Darden, 1981) as program implementation begins.

If a sex education program is to be supported by a community, several factors need to be considered. Thompson (1979) outlined several steps that programs could follow that would maximize implementation. Included in these steps were parental involvement, time for planning, being specific with content and objectives of the course, having the program optional, not being secretive once the program begins, being selective in staffing and avoiding unreasonable expectations of what the program will do. Many of these points have been expressed by others as critical elements of a successful program (Chethik, 1981; Krupa, 1981).

Staffing appears to be a key element in any sex education program. Gilbert (1979) wrote about the ways in which teachers could almost assure themselves trouble in the teaching of sex education. A good program can be greatly endangered by mistakes in teacher judgement. It is also stated that "sex education is one of the few areas of education where teachers are held truly accountable for their teaching" (p. 32).

The teacher of sex education is a critical element in program success. This concern has often been expressed in the literature (Carrera, 1971; Gilbert, 1979; Kirkendall & Libby, 1969; Oberteuffer, 1970; Schiller, 1973). Flaherty and Smith (1981) listed numerous characteristics that teachers should have. Included were the need to be comfortable with the issues, knowledge, and language of human sexuality; the need to be flexible and accept others' ideas and opinions; the

ability to create an atmosphere of trust in the group; the ability to cope with responses to the program both inside and outside the school system; the skill and commitment to serve as facilitators to encourage group involvement; the need to understand their importance as role models; and the need to be sufficiently intelligent and innovative to understand and integrate new material and skills. An examination of teacher characteristics for sex education has also been explored by Juhasz (1970), Munson (1976), Reed (1976), Renshaw (1973) and Szasz (1970).

Programs in sex education have expanded their focus to include parental involvement and education. Broderick (1969) expressed the position of SIECUS that "we affirm the right of a parent to be informed as to the curricula, concepts and teaching materials used in the sex education of children" (p. 1). While a majority of parents support sex education, the opposition often succeeds in blocking and weakening programs (Scales, 1981). Looft (1971) saw parental involvement as a means of gaining program support. Many schools have developed programs using close involvement of the community.

Assisting parents in their role in their children's sex education is a position taken by Gadpaille (1970) when examining school-parent cooperation. He feels that not only must parents be educated about facts in sexuality, but they owe it to themselves and their children to learn all they can in order to have a constructive role in their children's sex education. With respect to this role, Kilander (1970) is very specific. "Parents cannot choose whether to give sex instruction; they can only choose whether to be helpful or neglectful in this matter" (p. 219).

Several programs for parents and their children are described in the literature (Ezell, 1978; Rosenberg & Rosenberg, 1976; Scales & Everly, 1977; Snegroff, 1976). It is important to realize that the role of schools in sex education is to supplement the parents' role, not absorb it, and it is with this point in mind that many parent-child programs are developed. Goals often include providing accurate information for parents, including information about the topics to be presented and improving communication between the parent and the child.

Opposition to Sex Education Programs

Program opposition is not new to sex education. The Anaheim, California School District, which developed a comprehensive program in sex education in this country in 1965, had its program totally revamped as a result of programmatic attacks (Cook, P., 1972).

Scales (1981) reports that over 300 organizations have been obvious and vocal opponents of sex education. Ryan (1980) reports that these groups share the following characteristics: patriotism, muscular Christianity, paranoia, and a hypocritical loathing of human sexuality.

Contrary to the argument that parents are not in favor of sex education, a majority do support programs in sex education. Only 1 to 3 percent of parents, when given the opportunity, refuse permission for their child to participate in a sex education program (Scales, 1980).

The primary argument expressed by opposition groups revolves around the issue that sex education causes sexual experimentation. The review of program effects on participants' behavior does not support this contention.

Another argument of the opposition is that sex education undermines the family. On the other hand, the Project on Human Sexual Development (Roberts & Holt, 1980), which studied families in Cleveland, indicated

that parents desired information on topics that were generally excluded from school curriculums.

Another opposition argument is that programs are started by outside groups that are not community members. Hottois and Milner (1975) have indicated that over 80 percent of the programs they examined began as a result of local school personnel or parent-teacher group initiative.

Some of the barriers to sex education programs are less formidable than they appear to be, and most school administrators perceive a greater potential for opposition than is likely to occur. Such feelings may generate reluctance by administrators, school boards, and teachers to define sex education as a curriculum priority.

If a program is to be successfully implemented, the community's readiness needs to be assessed. Scales (1980) presents several concerns which need to be examined. These concerns are: the community's ability to commit resources; beliefs and attitudes of involved community members must be assessed in accepting the planned change; information as to the program's function must be made available; procedures, expectations, and requirements of the program need to be assessed; coordination must exist with other community activities; a felt need for the program needs to exist; there needs to be an awareness of expected or feared negative consequences as a result of program adoption; and expected positive consequences of the program need to be addressed. It is felt that by carefully examining each of these aspects of a community, major barriers to sex education can be resolved, allowing for successful implementation.

The response to opposition is a challenge for those involved in sex education. Strategies have been outlined for the profession's response (Commission on Professional Rights and Responsibilities, 1970; Scales, 1980).

The involvement of parents is often a key element to a program's stability. It is also important to encourage parents to express program support publicly.

It is also critical that school districts adopt policies that will support the staff in any curriculum dispute. This support would not only demonstrate to a community that the district supports the program but, more important, teachers would feel that their district would support them in any dispute.

It is also critical that educators communicate more assertively the fundamental convictions underlying their programs. Included in this are the positive purposes of such programs: decision making, the acceptance of one's sexuality without guilt or shame, enhancement of one's self-esteem and the need for the provision of knowledge.

> Proponents must educate and sensitize themselves to distinguish between impassioned, frantic opposition and thoughtful questioning accompanied by resistance. Unless sex educators are able to form alliances with parents, they will end up communicating only among each other. (Scales, 1980, p. 12)

Current State of Sex Education

A significant study of sex education has been a national analysis and evaluation of programs in the public schools conducted by Kirby et al. (1979). Part of their analysis consisted of a review of the literature in sex education. They indicated that sex education programs are generally weak in particular areas.

The literature indicates that often schools do not identify the major goals of sex education as a basis for the development of programs and therefore can't measure the outcomes of such programs. Kirby et al. (1979) stated that many important consequences of programs are not measured in terms of impact upon students. Such aspects include effects on self-esteem, decision making, communication, assertiveness skills, and interaction with peers (Kirby et al., 1979, Vol. II).

Also the literature generally fails to identify and compare exemplary school and nonschool programs. Studies have not carefully analyzed state guidelines which affect programs and several inconsistencies have been noted concerning state regulations and the teaching of sex education. Finally, it is noted that improved methods of evaluation are desperately needed (Kirby et al., 1979, Vol. I).

Today, the importance sexuality has in human fulfillment is acknowledged and many programs are developed with this concept in mind. The emphasis on the goal of building healthy attitudes towards sexuality is a vital part of program development (Penland, 1981).

Sex education today should have as its goal the improvement of sexual health. The World Health Organization sees sexual health as "the integration of the somatic, emotional, intellectual, and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love" (World Health Organization, 1975, p. 6).

Programs need to continue their attempts to meet the needs of society. Students who will be the citizens of tomorrow deserve an education that will help them understand themselves and their society. A SIECUS article states, "It is the right of every individual to live in an environment of freely available information, knowledge, and wisdom about sexuality, so as to be enabled to realize his or her human potential" (The SIECUS/Uppsala Principles, 1980, p. 9).

Sex education will continue to exist in the school curriculum. The feelings of Kirkendall (1965) still hold true today:

> The significance of human sexuality can be fully understood only by relating it to the total adjustment of the individual in his family and society. Developing these relationships becomes the task and scope of sex education. Anything less is shallow, distorted, and ineffectual. (p. 5)

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